

# INDIA

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| <b>Total Country Population</b>                   | 1 billion                                      |
| <b>Pilot Project Coverage (1998-2000)</b>         | 310,000  |
| <b>Pilot Project Catchment Area</b>               | 351 villages in Bihar and Uttar Pradesh States |
| <b>Potential Mainstreaming Coverage (by 2005)</b> | 10 million India-wide                          |

## Overview

LINKAGES-supported activities in India originated in 1997 at the request of its three private voluntary organization (PVO) partners to develop a community-based program model to improve infant feeding and maternal dietary practices within their existing programs. CARE, Catholic Relief Services (CRS), and World Vision (WV) identified villages in Bihar and Uttar Pradesh States to test an innovative behavior change methodology that introduces or reinforces simple, culturally appropriate, and nutritionally effective practices. Once tested and adapted, the next phase will be for the PVO partners to replicate this approach or aspects of it more broadly in their programs, with the potential of reaching 10 million people in India by 2005.

## Profile of Catchment Areas

A baseline survey conducted by LINKAGES and World Vision in intervention communities in Dehradun District of Uttar Pradesh State showed that breastfeeding is nearly universal, but practices are sub-optimal. Most mothers (83 percent) delay the initiation of breastfeeding for more than 24 hours. Fifty-three percent exclusively breastfeed infants under six months of age. Many mothers introduce liquids too early and soft foods too late. Only 54 percent of children between the ages of 6-12 months are fed solid or semi-solid food. The complementary foods that they do receive are poor in quality and inadequate in quantity.

The LINKAGES/CARE baseline survey in Ranchi District of Bihar State also reported delayed initiation of breastfeeding (nearly 69 percent initiated after the first day). More than 63 percent of pregnant women interviewed said that some or all of the colostrum-rich first milk should

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be discarded. Seventy-two percent thought that they should eat less during pregnancy, but 90 percent recognized the need for more food during lactation. The study revealed that pregnant and lactating women were receiving less than 50 percent of the recommended daily caloric intake.

## Program Implementation

A results-oriented behavior change approach (outlined on page two) is being implemented by the PVO partners in different program contexts, including food-assisted, child survival, and community development programs.

- **CARE** operates through government health centers (anganwadi centers) and outreach services. At these centers, CARE teaches mothers how they can safeguard their families' health and distributes food commodities for pregnant and lactating women and older infants and young children.
- **Catholic Relief Services** focuses on children under the age of three and their mothers in their safe motherhood and child survival projects.
- **World Vision** integrates different sectoral activities (health, agriculture, education, microenterprise, water and sanitation, and food security) in their child-focused, community development approach.

| Application of Behavior Change Methodology in LINKAGES/PVO India Programs |   |  |
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| Steps   | Key Elements  | Activities   |
| 1   | <b>Formative Research</b> to understand local feeding and dietary practices, identify simple changes in practices that are affordable and culturally acceptable, and test strategies for their efficacy | <ul style="list-style-type: none"> <li>Developed and pre-tested qualitative research instruments and protocols</li> <li>Trained interviewers</li> <li>Collected information using semi-structured interviews, 24-hour food recalls, observation of feeding practices, and focus group discussions</li> <li>Analyzed data</li> <li>Conducted household trials of recommended behaviors based on findings of the research</li> </ul>   |
| 2   | <b>Strategy Development Workshop</b>  | <ul style="list-style-type: none"> <li>Identified key messages</li> <li>Designed interventions and developed implementation plan</li> </ul>  |
| 3   | <b>Baseline Survey</b>  | <ul style="list-style-type: none"> <li><i>World Vision</i>: surveyed 1,190 mothers of children under one year of age in 49 communities on neonatal feeding practices, breastfeeding patterns, complementary feeding (timing, food quality, and quantity), and feeding during and after a child's illness</li> <li><i>CARE</i>: surveyed 514 pregnant women, 868 lactating women of children under six months, 504 husbands of pregnant and lactating women, and 125 service providers on breastfeeding practices and maternal nutrition</li> </ul>   |
| 4   | <b>Materials and Media Development</b>  | <ul style="list-style-type: none"> <li><i>World Vision</i>: developed 19 counseling cards with age-specific messages on breastfeeding and complementary feeding, a wall chart for Registered Medical Practitioners (RMPs) with key infant feeding messages, and a training manual for field workers in Hindi and English on appropriate infant feeding practices and counseling skills</li> <li><i>CARE</i>: developed 17 counseling cards on breastfeeding and maternal diet, two audio cassettes with jingles and songs, hanging messages ("danglers") for display at small shops and public places, and a training manual in Hindi and English on "Good Health in Pregnancy and Lactation"</li> </ul> |
| 5   | <b>Participatory Training</b>   | <ul style="list-style-type: none"> <li><i>World Vision</i>: trained 27 Community Development Organizers in qualitative research methods, 106 program staff in behavior change communication (BCC), and 53 health care providers (TBAs, RMPs, and auxiliary nurse midwives) in BCC</li> <li><i>CARE</i>: trained 146 program staff and 359 health care providers in BCC</li> </ul>  |
| 6   | <b>Community Interventions</b>  | <ul style="list-style-type: none"> <li><i>World Vision and CARE</i>: home visits, women's groups, and community events (such as health fairs, baby shows, and meetings with community leaders)</li> </ul>  |
| 7   | <b>Monitoring and Evaluation</b>  | <ul style="list-style-type: none"> <li>Developed M&amp;E tools for integration into PVO management information systems and trained staff in their use</li> <li>Developed a computerized database for entering and using monitoring data (<i>CARE</i>)</li> <li>Scheduled end line survey one year after initiation of community activities (<i>World Vision</i> is scheduled for Feb 2001 and <i>CARE</i> for March/April 2001)</li> </ul>   |

## Experience to Date

During a three-day workshop in July 2000, more than 35 representatives from the three PVOs, other NGOs, donor agencies, and LINKAGES gathered in Manesar, India, to share their experiences in implementing the behavior change approach. Participants commented that this approach mobilizes community ownership and involvement and ensures that a culturally appropriate strategy is developed. They found negotiation of behavioral trials with mothers to be a “promising practice.” Participants valued the opportunity to listen and learn from others engaged in similar programs.

One concern, however, is that the seven-step behavior change methodology is lengthy and complex. LINKAGES is exploring with its partners ways of simplifying the process to meet their needs and to facilitate applications in other places.

## Mainstreaming

As the model continues to be tested and modified, World Vision and CARE are developing plans to “mainstream” a systematic, results-oriented behavior change approach into their programs. LINKAGES defines *mainstreaming* as an organization’s process to make routine a tested and adapted innovation that successfully addresses an opportunity or problem identified by the organization and its beneficiaries.

### The Mainstreaming Process

- Problem recognized
- Solution/innovation identified
- Innovation tested, refined, re-tested, and adapted
- Innovation championed by key individuals of the organization in the field and headquarters and through multiple communication channels
- Innovation accepted, maintained, and used routinely within the organization

In October 2000, World Vision assigned a mainstreaming coordinator to oversee the design and plan to take LINKAGES’ behavior change approach from one Area Development Program to ten during the next year. CARE will be including the processes and lessons learned from LINKAGES’ formative research methodology and materials in its Title II Development Activity Proposal for the follow-on to the Integrated Nutrition and Health Project. The new CARE project will serve 8½ million beneficiaries in seven states in India.

*Mainstreaming requires sustained leadership at all levels; consistent and continuous commitment; time, human, and financial resources; and accountability.*



World Vision counseling card promoting breastfeeding



CARE counseling card promoting healthy diets during pregnancy

## Partners and Potential for Mainstreaming

**CARE** works in partnership with the Government of India, state governments, NGOs, community-based organizations, and project participants in eight states. Through the current USAID-funded Integrated Nutrition and Health Project, CARE is estimated to reach 6.6 million women of childbearing age and children under two years over a five-year period.

**Catholic Relief Services** supports education, health, agriculture, and humanitarian assistance projects in 22 of India's 26 states. In 1999, Catholic Relief Services and local partners reached

more than 257,000 families through their Safe Motherhood and Child Survival projects. LINKAGES worked with the Bihar Mother Child Survival Project through the formative research stage until that CRS project ended in September 2000.

**World Vision** works in India through 105 Area Development Programs (ADPs). The ADPs function in 23 states, reaching 15 million people. WV's Community Development Organizers mobilize communities to overcome problems that the communities have identified. World Vision's commitment is to work in an ADP for 15 years.

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**LINKAGES** is a USAID-funded global program providing technical assistance to organizations promoting breastfeeding. LINKAGES supports comprehensive country activities to improve exclusive breastfeeding rates and related complementary feeding and maternal dietary practices and to extend the offering of the Lactational Amenorrhea Method as an effective, modern method of contraception.

LINKAGES is managed by the Academy for Educational Development, which jointly provides technical leadership and program direction with La Leche League International, Population Services International, and Wellstart International. CARE, Catholic Relief Services, and World Vision, as well as national and local governmental and non-governmental organizations, work with LINKAGES to initiate technical and program applications at the country level. Tools used by LINKAGES and partners include a results-oriented behavior change methodology, training modules for health care providers and community workers, mother-to-mother support groups, social marketing strategies, policy analysis and advocacy materials, and monitoring and evaluation instruments.

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